

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE F SCHNACK

Mailing Address 2655 TANTALUS DRIVE

City

HONOLULU

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.5800

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

HENRY J.C. SCHWARTZ, MD

Mailing Address 347 N. KUAKINI ST.

City

HON

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
John A. Burns School of
Medicine

Occupation

Teacher/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.5816

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JAMES S. SCOGGIN, MD

Mailing Address 932 WARD AVE
#460

City

HON

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.5868

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)